

E-mail received from Ernestine Abel and Patrick McBride

To whom it may concern,

My name is Ernestine Abel, And I am writing for myself and my husband Patrick McBride. We have worked with the Howard Center for our daughter since approximately 1999. They have been extraordinary.

Our daughter is on the autism spectrum and has moved in that diagnosis from one area on the spectrum to another, not an unusual phenomenon for individuals on the spectrum. She did not speak much for a long time and then only labeling objects. She is a genius and extremely creative. She had 2 1/2 years of the very first ABA services offered by the Howard Center. They were transformative and rescued her from being locked in.

She is my life's work. Financially, it has been devastating for our family.

Your new funding formula risks further underfunding Howard's work with children with autism. They are struggling with current underfunding. There is a waitlist for everything. Everything. My daughter is now 25. I am helping a friend and Fellow Ivy Leaguer with a six year old Brilliant child with ASD who has been removed from the schools and sent home for the parents to educate. This child is and has been on the waiting list for a year or so for Howard's Arch services. I believe This child is also on a waiting list for ABA services With Howard Center, if the family has not already given up.

Our experience with Howard Center is that they are severely underfunded and can pay less than McDonald's. It is extremely difficult to recruit and retain because the work is very demanding and requires great sensitivity and training. Many of the individuals who work there would be described as saints.

Please do not underfund further these children and these institutions that help them.

Thanks to the Howard Center and the Burlington schools department under superintendent Jeannie Collins, later driven out of the Burlington schools by people like mayor Miro Weinberger, who meddles where he did not know what he is doing, my daughter was saved.

Fortunately, she finished before the next Canadian superintendent came in.

Please, adequately fund these programs so that you can have more children who grow up to be adults like my daughter who come off Social Security and earn their own living, pay their own rent, pay taxes and participate in the community. They still require great support, but they are no longer the tremendous expense, if money is your Measure.

Money is not our measure, a soul rescued from being locked in is our measure. A soul allowed to develop her talents to the full, to educate her brilliant mind, to complete college without academic support, to launch into the world, and to give back, that is our measure of success.

I know there is there are many calls on your budget. Cutting Howard's reimbursement for early autism programs is a stupid economy and very short term thinking. The intervention for developmental disabilities must come early and intensively. There is no do-over in these areas.

In the interest of full disclosure, I will mention that I worked for 10 years part time, 22 to 25 hours a week as a service coordinator at Vermont family Network for children with developmental disabilities and delays, attempting to get these children and children with other Delays the services they needed so that they would not cost the state more later.

Please do the right thing and fully fund these programs for autism.

Many thanks,

Ernestine Abel and Patrick McBride

Comment Received from Howard Center

September 15, 2022

To the Members of the AHS Medicaid Policy Unit,

This is regarding public comment on Proposed Policy 22-051: Applied Behavior Analysis Value-Based Payment Measures effective January 1, 2023. The inclusion of three performance measures into the reconciliation process and calculations of DVHA's Applied Behavior Analysis (ABA) Tiered Payment Model has left the Autism Spectrum Program (ASP) at Howard Center with concerns, questions and recommendations. Howard Center has deep autism spectrum disorder expertise as a provider of ABA services for over 20 years. The measures were selected and defined unilaterally without meaningful provider involvement. As a result, we believe the adoption of this policy poses substantive risk to the quality of treatment for children with autism in Vermont and the financial wellbeing of non-profit providers.

PROCESS-

Howard Center is supportive of payment reforms that are intended to reward quality of service and benefit of outcome to clients. An established best practice is that pay-for-performance metrics are generated and defined collaboratively between funder and provider. The process undertaken by DVHA in the case of proposed policy 22-051 was void of provider engagement. The metrics, definitions and parameter of payment were handed down to providers without involvement. When feedback and questions were generated by providers, the AHS response was a written narrative read aloud without the opportunity for mutual discussion. As a result, many of the most notable concerns related to proposed policy 22-051 have remained unaddressed.

DEFINITION FLAWS-

DVHA has not sufficiently related the rationale for the selection of the three measures nor connected their content to established best practices for the provision of ABA services. The performance measures do not account for quality (rather they only stand to increase the pressure to deliver more underfunded services) nor have they been connected to existing national best practices in the delivery of ABA services. With the provider side omitted from the creation of measure definitions, Howard Center is concerned with areas of definition that appear to lack clarity in calculation. For example, in measure three a discrete target of 100% was established. However, that appears to contradict the "gate and ramp" CQI methodology cited in the creation of the measures (with a 100% target, there is no room to 'ramp').

BUDGETARY INEQUITIES-

Designated agencies operate with the mission to serve all who are in need and do not discriminate based on resources or families' ability to commit to (and/or contract for) a certain number of services per month. Services through a DA open the door to an entire system of care, including crisis services, psychiatry, school-based services, home-based outreach, and more. Private providers do not have the system and the same mission. Across the board, DAs continue to lose money in ABA programs and only 4 remain delivering this service presently. In 2024 failure to meet identified measures would result in a 1% withholding of earned payments. This burdens implementation of the DVHA funding mechanism, weakens the payment structure and further jeopardizes Howard Center's ability to continue offering this service. The community cannot afford a reduction in ABA providers.

WAITLIST CONCERNS-

Howard Center continues to struggle to meet the demand for provision of ABA services to a growing population in need. This challenge extends to providers at the University of Vermont Medical Center. At the time of this writing, UVMMC has at least 280 children on a combined waiting list and are ready to schedule. Additionally, they have another 30-50 children who have been referred but are still going through the triage and/or intake process. The financial strain caused by a withhold from the proposed payment measures serves a risk to displace more clients seeking services onto other provider waitlists.

QUESTIONS FOR DVHA-

Before moving forward, Howard Center is respectfully requesting further information in the following areas:

- We are seeking to learn more about the rationale for selecting the payment measures, specifically around established evidence that the measures lead to improved client care.
- Does DVHA plan to revise the underlying payment model in coordination with the inclusion of these measures?
- Will DVHA address the current rate shortfall to allow for agencies to cover costs? Has DVHA considered taking these new funds and using them to bolster the existing rate structure?
- Has DVHA analyzed the data from the last few years of bundled payments for ABA to consider the financial impact of the proposed value-based payment model for providers? Are there differences in impact for the private provider community versus the public system including the Howard Center?

Thank you for your consideration,

Matthew D. MacNeil, EdD, LCMHC
Director of Evaluation

Anne Paradiso, LICSW
Director of School Programs

September 16, 2022

Dear AHS Medicaid Policy Unit,

Thank you for the opportunity to comment on the proposed value-based payment measures for ABA services. Agency providers are deeply committed to the work of providing high-quality home and office-based ABA services. Four of Vermont Care Partners' network agencies currently do so: Howard Center, NCSS, CSAC, and LCMHS. Other agencies have provided these services in the past until it became financially prohibitive for them, and still other agencies *would* do so if it were not a financial loss. Most agencies also provide school-based ABA services that are funded separately.

We appreciate that DVHA is taking an incremental approach to value-based payments for ABA services, and that the measure set is limited. The comments below build on some concerns we raised in a letter we sent to DVHA on May 2, 2022.

Access to Care Concerns

In our May 2022 letter, we asked the following question: "This model appears to incentivize treatment for families with greater resources (transportation, work flexibility, lower cancellation rates). Have you viewed the proposed model through an equity lens?" This question is based on our network's deep experience in working with families who are the most vulnerable in our state, as well as our network's public-system approach to serve any client no matter their resources. Unlike private providers of ABA services who can essentially pick and choose to work with highly engaged families, our agencies often work with the families identified in other systems who have the greatest needs and the least resources to address them. Regional access, which is where DVHA focused the response to our question, is part of equity, but only one part. It is crucial that DVHA also evaluate access to care through socio-economic, race, parent/caregiver disability, and other lenses.

As we noted in the letter, ABA rates were established in the first place as the result of a lawsuit around access to services for children with developmental disabilities. We asked how DVHA will ensure that there are sufficient providers to provide care (although this question was not included in the Q&A). Agencies who are required to serve more vulnerable families have higher costs than agencies who serve more resourced families. To the extent that the payment model ties payment to higher numbers of direct service hours, without accommodation for the unique concerns of families who struggle, it does

VCP is a statewide network of community-based agencies providing mental health, substance use, and intellectual and developmental disability services and supports.
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not truly address equity. Moreover, by not addressing the rate shortfall for DAs providing ABA services, a likely unintended consequence is that fewer agencies will be able to continue to offer these services, leaving Vermont children with ASD with fewer options and reducing access to care.

Measure Concerns

Measure #1: DVHA noted in the Q&A that 8% of members received Tier 1 services (six hours or less), which are not counted towards “person months” for Measure #1. DVHA noted that Tier 1 would largely constitute members who were transition in or out of service, stating that Tier 1 is to support providers during “member absences or times of illness/vacation.” In every sector, our state is struggling with a significant workforce crisis. Our behavioral interventionist staff in ABA programs are not immune to this, and it is one of the biggest drivers of whether a family can receive Tier 1 or Tier 2. As we have noted in our advocacy around other payment models, it is imperative that DVHA take the current realities of workforce “supply” into account in payment modeling. We would like to see Tier 1 services included in the count of “person months.”

Measure #2: In our May 2022 response, we asked: “For measure #2, DVHA is proposing that direct service excludes assessment when the parent or child is not present. Assessment is an 8-hour service and includes activities that are best done without the family present, such as record review and collateral contact. Is it DVHA’s intention to disincentivize these activities?”

DVHA responded: *“It is not DVHA’s intent to disincentivize needed assessments. A key goal of the project is to maximize direct services that include support for the child, the family, or both. Per the Vermont Medicaid ABA Benefit, providers are allowed a combined total of 8 hours of assessment every 6 months. The assessment is used to inform the treatment plan which contains goals for direct service.”*

This response does not address the concern that key elements of high-quality ABA work – for example, record review, and collateral contact with childcare providers, schools, and other healthcare providers – are disincentived by this measure. We recommend that all assessment activities be included in the definition of assessment, not just those that involve direct child and family contact.

Process Concerns

VCP and network agencies have appreciated a collaborative relationship with DVHA to develop value-based payment models for mental health and developmental disabilities

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services. The process of developing these ABA measures was unfortunately limited and did not allow us to engage in dialogue as a network, alongside other providers. Our initial letter was not acknowledged, and we did not receive the Q&A until it was published in August along with the GCR listing. Our request to engage the VCP network via CYFS and CFO leaders did not receive a response. As System of Care partners, this is frustrating. As a result, we have lingering questions about whether or not DVHA engaged in analysis of the impact of these measures and targets on providers, and whether there is a differential impact between providers. We've always had better outcomes when the three-legged stool of state government, providers, and families/advocates work together. We hope that going forward DVHA will utilize a process with more meaningful and collaborative stakeholder engagement.

Sincerely,

Dillon Burns

Dillon Burns, LICSW
Mental Health Services Director
Vermont Care Partners

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